B & B Consultants, Inc.

Engineers-Architects Planners-Lab Analysts

P.O. Box 429 – 212 E. Ferrell Street
South Hill, Virginia 23970
(434) 447-7621 – FAX: (434) 447-4257
email: bandb@bandbcons.com

LETTER OF TRANSMITTAL

DATE February 17, 2009 JOB NO. _____

ATTENTION
Tamira Cohen, Environmental Engineer, Sr.

RE: Town of McKenney
VPDES Permit Reissuance Application

To: **Department of Environmental Quality**
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

RECEIVED
FEB 18 2009
PRO

WE ARE SENDING YOU X Attached ☐ Under separate cover via 1st Class Mail the following items.

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change Order X Listed Below

COPIES	DATE	NO.	DESCRIPTION
1 ea			Results for 10 additional copper test as per your 1-15-09 email

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

X As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

COPY TO: _____

SIGNED: Mac Bugg:med

REPORT OF ANALYSIS

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/21/09 Time: 1500
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0267
SAMPLE NO: 09-01962

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.010	mg/L	TLG	2/9/09	1710

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

Reproduction of this report is not permitted, except in full, without written approval from James R Reed & Associates.

RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/22/09 Time: 0700
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0268
SAMPLE NO: 09-01963

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.016	mg/L	TLG	2/9/09	1716

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

LABORATORY ANALYSIS REPORT

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/23/09 Time: 0930
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0269
SAMPLE NO: 09-01964

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.013	mg/L	TLG	2/9/09	1718

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/24/09 Time: 1100
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0270
SAMPLE NO: 09-01965

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.012	mg/L	TLG	2/9/09	1727

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/25/09 Time: 1515
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0271
SAMPLE NO: 09-01966

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.012	mg/L	TLG	2/9/09	1729

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/26/09 Time: 1000
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0272
SAMPLE NO: 09-01967

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.017	mg/L	TLG	2/9/09	1731

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709

Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/27/09 Time: 0830
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0273
SAMPLE NO: 09-01968

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.013	mg/L	TLG	2/9/09	1733

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/28/09 Time: 1500
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0274
SAMPLE NO: 09-01969

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.017	mg/L	TLG	2/9/09	1735

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

REPORT OF ANALYSIS

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709
Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/29/09 Time: 1210
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0275
SAMPLE NO: 09-01970

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.014	mg/L	TLG	2/9/09	1737

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

LABORATORY REPORT OF ANALYSIS

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709

Special Notes:

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/30/09 Time: 1020
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 2/4/09 Time: 0935
NUMBER OF CONTAINERS: 1
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: MCKENNEY EFF 9-0276
SAMPLE NO: 09-01971

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Copper	200.7	0.002	0.012	mg/L	TLG	2/9/09	1739

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 10-Feb-09

B & B Consultants, Inc.

Engineers - Surveyors - Laboratory Analysts - Plant Operators
Environmental Services

P. O. Box 429 • 212 E. Ferrell Street
South Hill, Va. 23970
(434) 447-7621 • FAX: (434) 447-4257
email: bandb@bandbcons.com

RECEIVED
DEC 04 2008
PRO

December 2, 2008

Dr. Tamira Cohen, Environmental Engineer, Sr.
Virginia Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

RE: McKenney STP, VPDES Permit No. VA0060402

Dear Dr. Cohen:

Listed below are the responses to your comment letter dated November 17, 2008 to Mayor Mansfield regarding the above permit renewal:

Form 2A:

1. The facility is located on a dirt road at the end of the State Maintenance for Route 1010 and both, Route 1010 and Route 1010 Extension, are correct. There is no preference in which is used.
2. See enclosed page 3 with the annual average daily and maximum daily flow rates shown in A.6.b and A.6.c.
3. See enclosed page 5 with items A.9.c to e completed.
4. See attached lab reports for the three fecal coliform results reported on page 6, A.12.
5. See attached detailed map as outlined in page 7, B.2 along with page 7 with additional information noted on B.2.c through f.
6. See attached narrative description of the process flow schematic as noted on page 7, B.3.

Permit Application Addendum:

1. Item #6: The connections/sources for the 0.5% of flow if from the Economy Inn and an Adult Home.

Sludge Application Form:

1. Page 8, B.10.e: Dewatered sludge is being stored on one of the two drying beds.
2. Page 8, B.10.g: The answer is "yes" See attached sheet.
3. Page 8, B.10.i: When dewatered sludge accumulates to an amount that justifies hauling to the landfill, it will likely be hauled on a week day.

Should you have additional questions and/or need further information please do not hesitate to contact us at (434)447-7621 or email at hmbugg@bandbcons.com.

Sincerely,

B & B CONSULTANTS, INC.

Henry M. Bugg, Ph.D., P.E., L.S.
President

HMB:med

Enclosures
Cc: Mayor Charles Mansfield, Town of McKenney

iTouchMap.com
Mobile and Desktop Maps

To find the latitude and longitude of a point **Click** on the map, **Drag** the marker, or enter the...

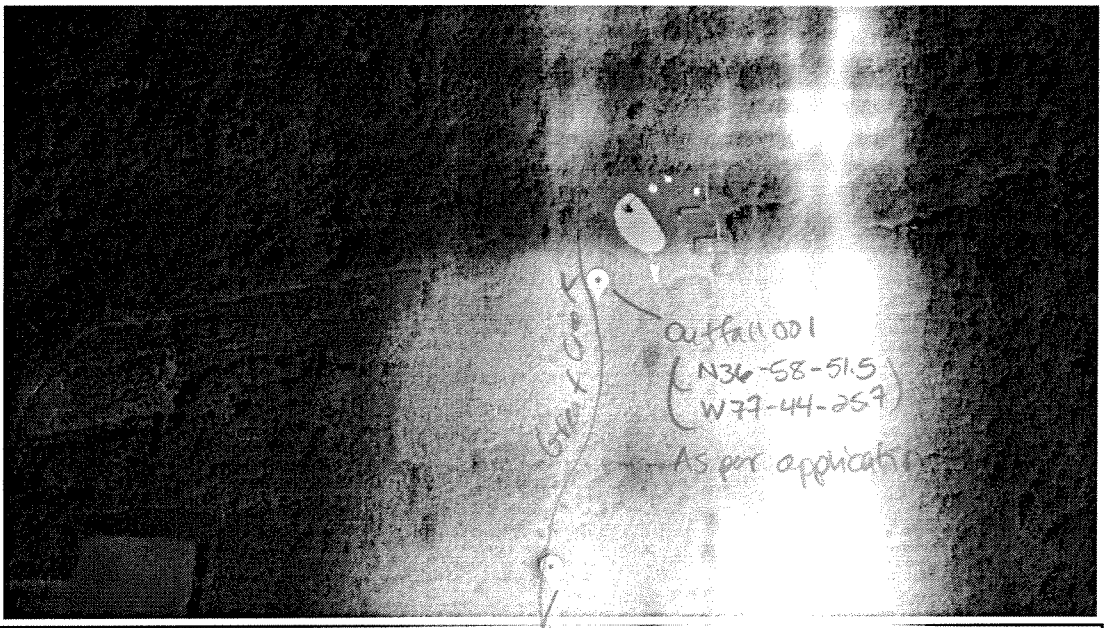
Address: 123 Street, City State/Country Go

Map Center: Land Plat Size - Street View (USA) - Google Earth 3D - Area Photographs

Try out the Google Earth Plug-in. Google Earth gives you a 3D look of the area around the center of the map, which is usually your last click point, and includes latitude, longitude and elevation information.

Ads by Google Latitude Map World Map Outline Illinois County Map Scottsdale Arizona Map

Latitude and Longitude of a Point



Note: Right click on a **blue marker** to remove it.

Clear/Reset All Markers | Center Red Marker

Get the Latitude and Longitude of a Point

When you click on the map, move the marker or enter an address the latitude and longitude coordinates of the point are inserted in the boxes below.

Latitude:
Longitude:

	Degrees	Minutes	Seconds
Latitude:			
Longitude:			

...ngitude

Use this if you kno... ...ngitude coordinates of a point and want to ... ...map the point is.

Use: + for *N* Lat ... ... Lat or *W* Long.

Example: +40 ...

Note: Your entry s... ...mbedded spaces.

Degrees Dec ...

Degrees Deg ...

Example: +34 ... ...50.12"

	Degrees	Minutes	Seconds
Lat...	36	58	45
Lon...	77	44	27

© iTouchMap.com

Ads by Google

Geocoding Web Service
Add roof-top geocodes to your data. Web Services with parcel geocoding.
www.proxix.com

Mapping & Tracking APIs
US Street Detailed Flash/HTML Maps Superior Map Update Management
67.58.79.244/Imaginav/home.asp

Latitude
Reliable performance for your SUV on all road conditions.
www.MichelinMan.com

POI Creator for your GPS
Points of Interest (POI) Converter -- Only pennies per address --
www.DataToGPS.com

Gps map coordinates
Looking for gps map coordinates? We're your gps guide!
MapInfo.org

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP VA0060402		

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

RECEIVED
NOV 0 3 2006
PRO

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP VA0060402		

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name: McKenney STP

Mailing Address: Post Office Box 309

McKenney, Virginia 23872

Contact Person: E. Winfried Coleman

Title: Operator

Telephone Number: (804) 478-4621

Facility Address: Route 1010

(not P.O. Box): McKenney, VA 23872

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name: Town of McKenney

Mailing Address: Post Office Box 309

McKenney, VA 23872

Contact Person: Charles T. Mansfield

Title: Mayor

Telephone Number: 804-478-4621

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility X applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0060402	PSD	NA
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of McKenney	482	Separate Sanitary	Municipal
Total population served	**482**		

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP VA0060402		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes x No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes x No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.1 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	0.051 MGD	0.0612 MGD	0.052 MGD
c. Maximum daily flow rate	0.138 MGD	0.144 MGD	0.186 MGD

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide: N/A

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number _____

For each treatment works that receives this discharge, provide the following: N/A

Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP VA0060402		

WASTEWATER DISCHARGES:

If you answered "Yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "No" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location McKenney (City or town, if applicable) 23872 (Zip Code)

Dinwiddie (County) VA (State)

N36°-58'-51.5" (Latitude) W77°-44'-25.7" (Longitude)

c. Distance from shore (if applicable) NA ft.

d. Depth below surface (if applicable) NA ft.

e. Average daily flow rate 0.052 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes X No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Great Creek

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Chowan River and Dismal Swamp

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)

acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP		

A.11. Description of Treatment

a. What level of treatment are provided? Check all that apply.

☐ Primary X Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	99.0	%
Design SS removal	98.6	%
Design P removal	NA	%
Design N removal	NA	%
Other ammonia	97.0	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall? X Yes ☐ No

Does the treatment plant have post aeration? X Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	6.7	s.u.			
Flow Rate	0.186	MD	0.052	MGD	365 Days
Temperature (Winter)	70.52	°F 21.4C	54.50	°F	365 Days
Temperature (Summer)	73.6	°F 23.1C	65.73	°F	365 Days

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	11.0	Mg/l	1.65	Mg/l	50	SM	NA
	CBOD5	NA	Mg/l	NA	Mg/l	NA	SM 5210	NA
FECAL COLIFORM		22.7	Col/100m		Col/100m	3	SM9222D	NA
TOTAL SUSPENDED SOLIDS (TSS)		13.0	mg/l	2.8	mg/l	50	EPA 160.2	NA

END OF PART A.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Fecal Coliform max = 27 Col/100m

FACILITY NAME AND PERMIT NUMBER: McKenney STP VA0060402	PERMIT ACTION REQUESTED:	RIVER BASIN:

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

8,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Improvements are made on a yearly basis, i.e. rehab manholes etc.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) **See Attached Map**

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground. **NONE**

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. **NONE**

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. **Stored on one drying bed**

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. **NA**

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redunancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. See attached schematic

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes X No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) **None**

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

Facility Name and Permit Number: McKenney STP VA0060402

Form 2A:

Page 7, B.3. Process Flow Diagram or Schematic Narrative:

After the raw wastewater passes through the comminutor/grit chamber (pretreatment) unit it enters the activated sludge treatment unit, which is followed by a clarifier with return activated sludge back to the activated sludge basin influent end. The activated sludge secondary clarifier is followed by a chlorine contact tank with dechlorination and post-air cascade with final discharge to the receiving stream. The clarifier effluent can be diverted through a polishing pond prior to chlorination/dechlorination. A portion of the return activated sludge is diverted to an aerobic digester. Digested sludge from the digester is conveyed to sludge drying beds for dewatering. Dewatered solids are being stock piled (stored) on one of the drying beds. Dewatered sludge is periodically trucked to a commercial landfill for disposal.

FACILITY NAME AND PERMIT NUMBER: McKenney STP VA0060402	PERMIT ACTION REQUESTED:	RIVER BASIN:

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? NA ☐ Yes ☐ No

Describe briefly: _____

_____

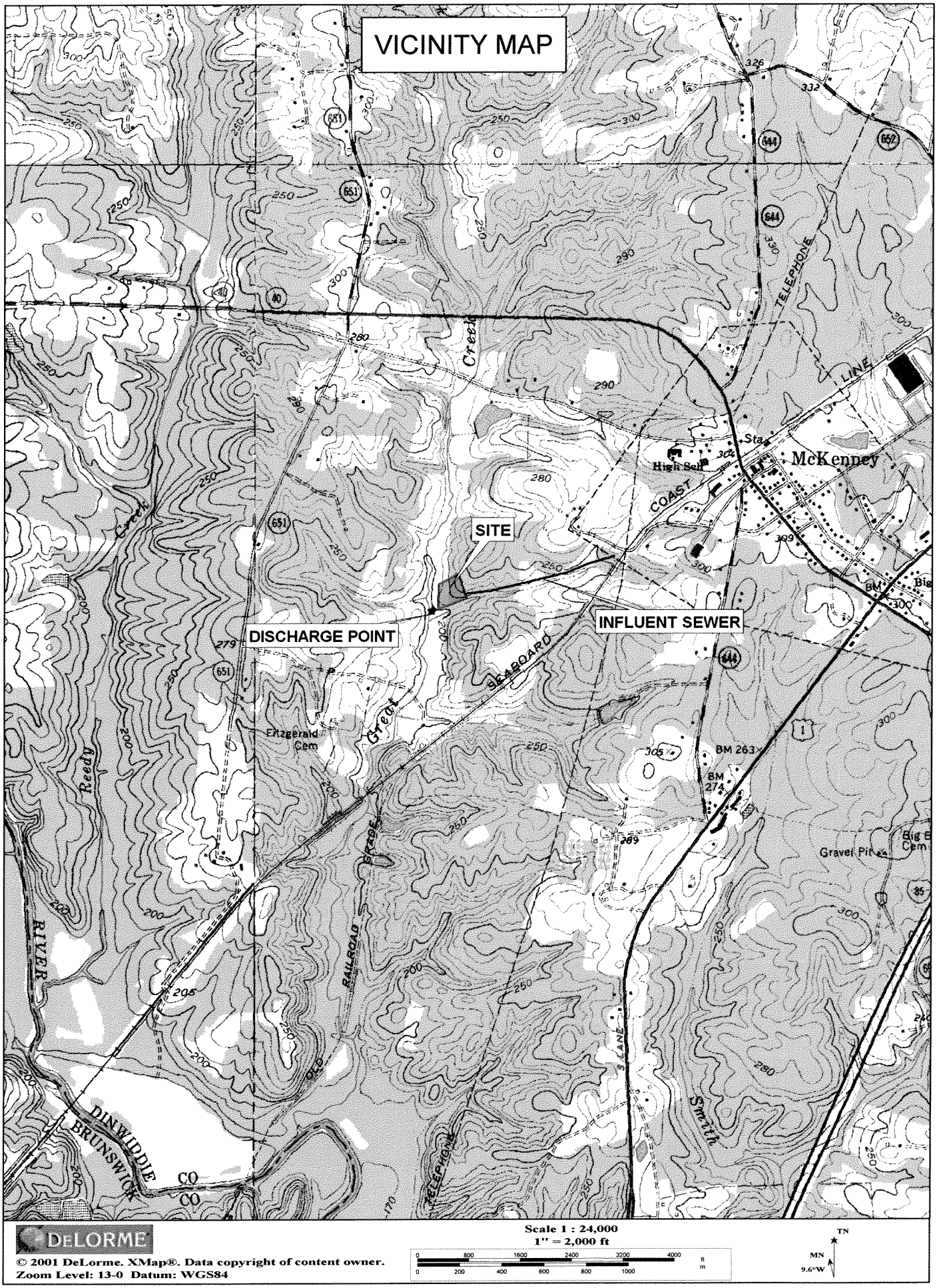
B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY). This is a .1 mgd treatment plant.

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combine sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans and must be no more than four and on-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW (PAGE 1) TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE



DeLORME

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Zoom Level: 13-0 Datum: WGS84

Scale 1 : 24,000

1" = 2,000 ft

0 800 1600 2400 3200 4000 ft

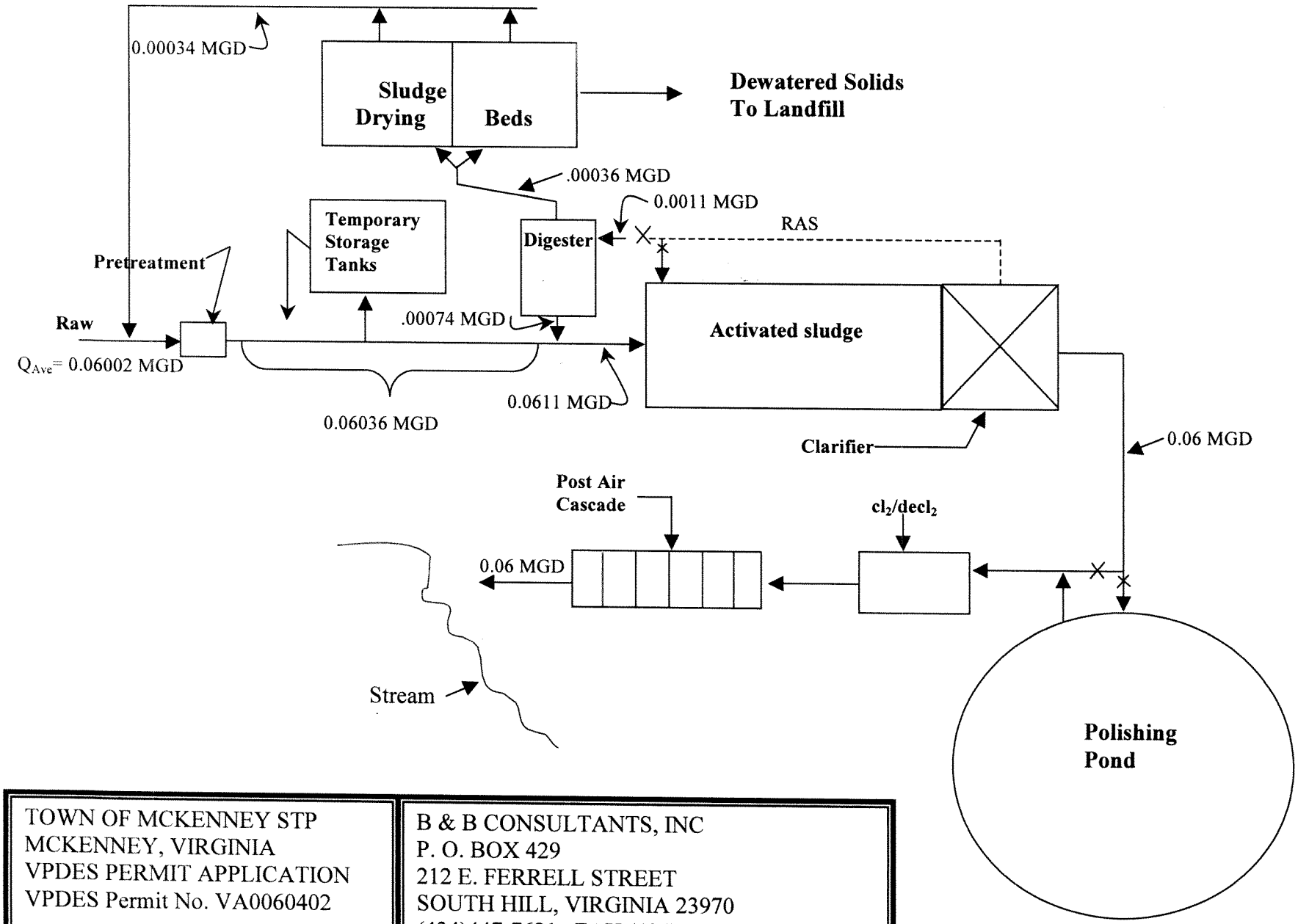
0 200 400 600 800 1000 m

TN

MN

9.6°W

Process Schematic



TOWN OF MCKENNEY STP MCKENNEY, VIRGINIA VPDES PERMIT APPLICATION VPDES Permit No. VA0060402	B & B CONSULTANTS, INC P. O. BOX 429 212 E. FERRELL STREET SOUTH HILL, VIRGINIA 23970 (434)447-7621 · FAX (434)447-4257 e-mail: bandb@bandbcons.com

FACILITY NAME AND PERMIT NUMBER:	PERMIT ACTION REQUESTED:	RIVER BASIN:
McKenney STP VA0060402		

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

- ☐ Part D (Expanded Effluent Testing Data)
- ☐ Part E (Toxicity Testing: Biomonitoring Data)
- ☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
- ☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Charles T. Mansfield, Mayor

Signature: C. T. Mansfield

Telephone number: (804)478-4621

Date signed: 10/28/2008

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Commonwealth of Virginia
Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

THE FOLLOWING SECTIONS HAVE BEEN OMITTED:

PART D.	EXPANDED EFFLUENT TESTING DATA	NA
PART E.	TOXICITY TESTING: BIOMONITORING DATA	NA
PART F.	INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES	NA
PART G.	COMBINED SEWER SYSTEMS	NA

B and B CONSULTANTS, INC.
316 EAST THIRD STREET
CHASE CITY, VA 23924
(434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 24-Jun-08

CLIENT: **TOWN OF MCKENNEY**
CONTACT: **TREASURERS OFFICE**
ADDRESS: **PO BOX 309**
MCKENNEY, VA 23872

WWTP

SAMPLE LOCATION:	EFFLUENT	DATE TIME	EFFLUENT	DATE TIME		
SAMPLE DATE:	6/3/08	OF	6/3/08	OF		
SAMPLE TIME :	07:30-11:30	ANALYSIS	11:30	ANALYSIS		
SAMPLE TYPE:	GB (COM)		(GB) COM			
COLLECTED BY:	STONE		STONE		ANALYST	
SAMPLE ID #	8-1422		8-1423		INITIAL	METHOD
PARAMETER						
BOD	<5	6/4/08 10:20			A.A.	SM18 5210B
TSS	3	6/9/08 10:05			A.A.	SM18 2540D
AMMONIA	0.28	6/11/08 15:00			D.L.	SM18 4500 NH_3 B + C
FECAL COLIFORM			18	6/3/08 13:27	A.A.	SM18 9222D

SAMPLE LOCATION:	EFFLUENT	DATE TIME	EFFLUENT	DATE TIME		
SAMPLE DATE:	6/10/08	OF	6/17/08	OF		
SAMPLE TIME :	07:30-11:30	ANALYSIS	07:30-11:30	ANALYSIS		
SAMPLE TYPE:	(GB*) (COM)		GB (COM)			
COLLECTED BY:	STONE		STONE		ANALYST	
SAMPLE ID #	8-1496		8-1578		INITIAL	METHOD
PARAMETER						
BOD	<5	6/11/08 09:58	10	6/18/08 09:51	A.A.	SM18 5210B
TSS	1	6/16/08 09:25	4	6/20/08 08:58	A.A.	SM18 2540D
FECAL COLIFORM*	27	6/10/08 13:30			D.L.	SM18 9222D

*FECAL GRAB @ 11:00 06/10/08
Values above in mg/L except pH
pH=S.U.
COLIFORM=C/100mL
TIME = 24 Hour

REVIEWED BY: Denise Longo

SAMPLE CONDITION
(X) GOOD
( ) OTHER (SEE C-O-C)

B and B CONSULTANTS, INC.
316 EAST THIRD STREET
CHASE CITY, VA 23924
(434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 28-Oct-08

CLIENT: **TOWN OF MCKENNEY**
CONTACT: **TREASURERS OFFICE**
ADDRESS: **PO BOX 309**
MCKENNEY, VA 23872

WWTP

SAMPLE LOCATION:	EFFLUENT	DATE TIME OF ANALYSIS	EFFLUENT	DATE TIME OF ANALYSIS		
SAMPLE DATE:	10/7/08		10/7/08			
SAMPLE TIME :	07:30-11:30		11:30			
SAMPLE TYPE:	GB* COM		GB COM			
COLLECTED BY:	STONE		STONE		ANALYST INITIAL	METHOD
SAMPLE ID #	8-2779		8-2780			
PARAMETER						
BOD	<5	10/8/08 11:00			A.A.	SM18 5210B
TSS	3	10/9/08 09:48			A.A.	SM18 2540D
AMMONIA*	<0.20	10/10/08 14:10			D.L.	SM18 4500 NH_3 B + C
FECAL COLIFORM			23	10/7/08 13:57	A.A.	SM18 9222D

SAMPLE LOCATION:	EFFLUENT	DATE TIME OF ANALYSIS		DATE TIME OF ANALYSIS		
SAMPLE DATE:	10/14/08					
SAMPLE TIME :	07:30-11:30					
SAMPLE TYPE:	GB COM		GB COM			
COLLECTED BY:	STONE				ANALYST INITIAL	METHOD
SAMPLE ID #	8-2841					
PARAMETER						
BOD	<5	10/15/08 10:58			A.A.	SM18 5210B
TSS	1	10/20/08 10:27			A.A.	SM18 2540D

*AMMONIA GRAB SAMPLE @ 07:30
Values above in mg/L except pH
pH=S.U.
COLIFORM=C/100mL
TIME = 24 Hour

REVIEWED BY: Denise Longo

SAMPLE CONDITION
(X) GOOD
( ) OTHER (SEE C-O-C)

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Town of McKenney
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y / (N)

3. **Provide the tax map parcel number for the land where the discharge is located.** 80A 14 15

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next fine years due to new construction activities?** NA

5. **What is the design average effluent flow of this facility?** 0.1 MGD
For industrial facilities, provide the max. 30-day average production level, include units: NA

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / N
If "Yes", please identify the other flow tiers (in MGD) or production levels: NA
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Sanitary sewer service area

99.5 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works:

0.5 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous ____Intermittent ____Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
X Permanent stream, never dry
__ Intermittent stream, usually flowing, sometimes dry
__ Ephemeral stream, wet-weather flow, often dry
__ Effluent-dependent stream, usually or always dry without effluent flow
__ Lake or pond at or below the discharge point
__ Other:

9. **Approval Date(s):**
O & M Manual 1980 Revised 1994 **Sludge/Solids Management Plan** ____

Have there been any changes in your operations or procedures since the above approval dates?
Y / (N)

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_Yes __No

   Will this facility derive a material from sewage sludge? __Yes _X_No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes _X_No

   Will sewage sludge from this facility be applied to the land? __Yes _X_No **Dried sludge will be hauled to Atlantic Waste Landfill in Waverly, Virginia by the Town of McKenney when necessary.**

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes _X_No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes _X_No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes _X_No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _X_No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: McKenney STP
   b. Contact person: E. Winfried Coleman
      Title: Operator
      Phone: (804) 478-4621
   c. Mailing address:
      Street or P.O. Box: P. O. Box 309
      City or Town: McKenney State: VA Zip: 23872
   d. Facility location:
      Street or Route #: Route 1010 Extension
      County: Dinwiddie
      City or Town: McKenney State: VA Zip: 23872
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 0.1 mgd
   g. Total population served: 482
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: Town of McKenney
   b. Mailing address:
   c. Street or P.O. Box: P. O. Box 309
      City or Town: McKenney State: VA Zip: 23872
   d. Contact person: Charles T. Mansfield
      Title: Mayor
      Phone: (804) 478-4621
   d. Is the applicant the owner or operator (or both) of this facility?
      _X_owner _X_ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _X_ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0060402
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
_____	_____
_____	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_ No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed. **See Attached Map**
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries. **See Attached Map**

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. **Sludge is dried on an open-air sand bed and taken to the Atlantic Waste Landfill in Waverly, Virginia.**

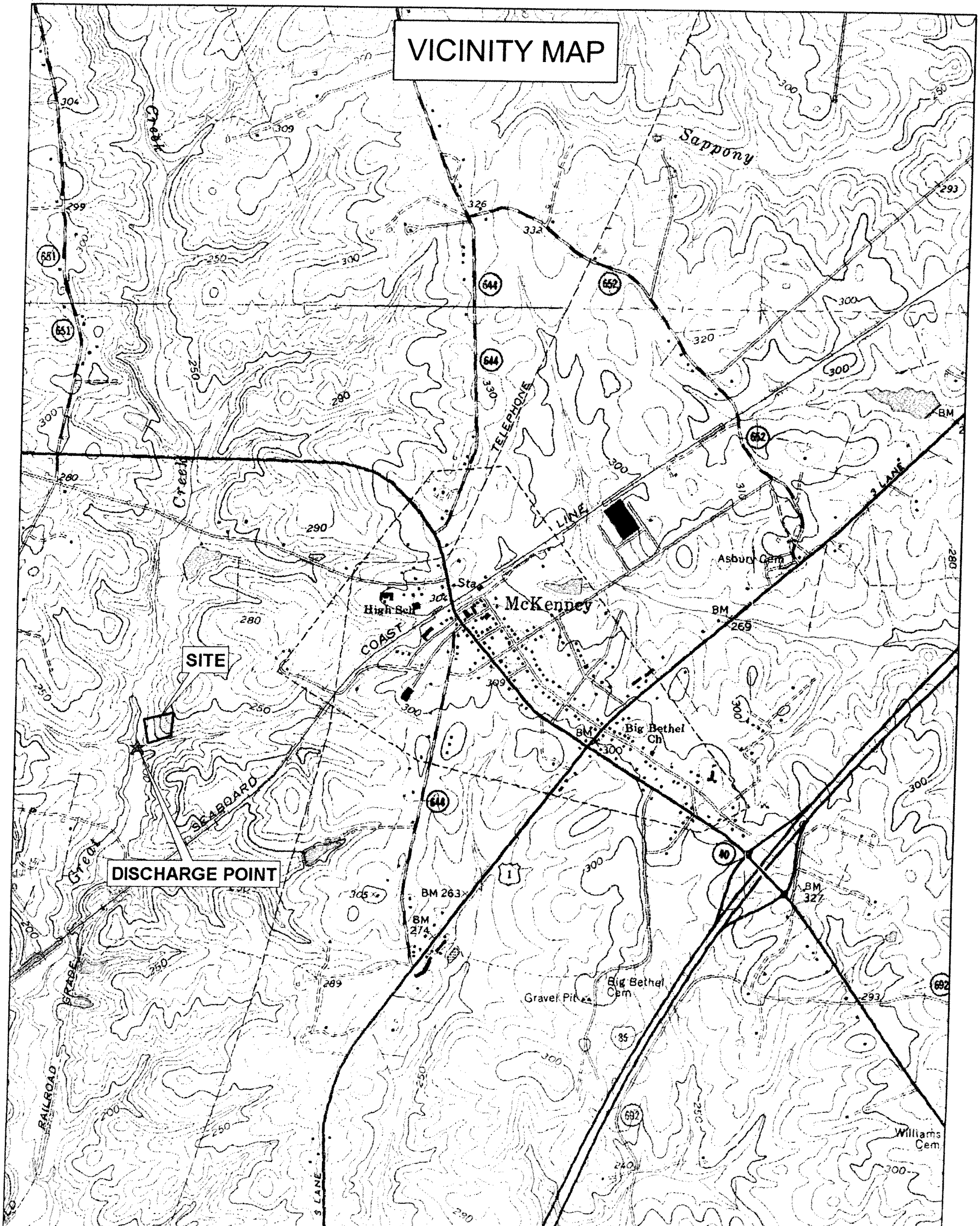
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ___Yes _X_No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address:
   Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone:
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
   _____
   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **We request a waiver for this data as sludge is transported to the Atlantic Waste landfill in Waverly, Virginia for disposal.**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
   _X_ Section A (General Information)
   _X_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   ____ Section C (Land Application of Bulk Sewage Sludge)
   ____ Section D (Surface Disposal)

   I certify under penalty of law that this document and all attachments were prepared under my direction or supervision



DELORME

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Zoom Level: 13-0 Datum: NAD27

Scale 1 : 24,000
1" = 2,000 ft

TN
MN
9.6°W

in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Charles T. Mansfield, Mayor

Signature C. T. Mansfield Date Signed 10/28/2008

Telephone number (434) 478-4621

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: McKenney STP VPDES PERMIT NUMBER: VA0060402

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 10.77 dry metric tons

2. **N/A** Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ____Class B __X_Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: **N/A**

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      _X_ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

N/A a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
   _____ dry metric tons

N/A b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
   ___Yes ___No

5. **N/A** Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. **N/A** Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: _____ Wastewater Treatment Plant

b. Facility contact: _____
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. **N/A** Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. **N/A** Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:

9. **N/A** Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	
_____	

10. Disposal in a Municipal Solid Waste Landfill.
(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Atlantic Waste Landfilll

b. Contact person: Mike Kearns
Title: District Manager
Phone: 804-834-8300
Contact is: ___Landfill Owner _X_Landfill Operator

c. Mailing address.
Street or P.O. Box: 3474 Atlantic Lane
City or Town: Waverly State: VA Zip: 23890

d. Landfill location.
Street or Route #: 3474 Atlantic Lane
County: Sussex
City or Town: Waverly State: VA Zip: 23890

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ dry metric tons **Sludge has not been transported for several years.**

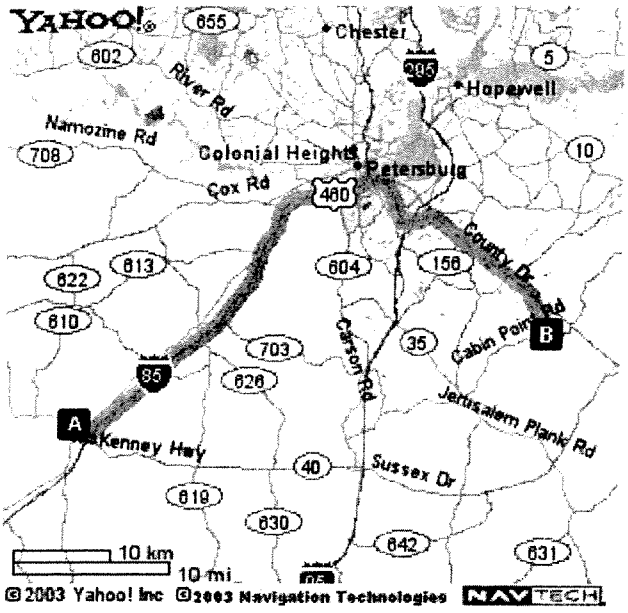
f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
562	
_____	

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
X Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _X_Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _X_ Yes ___ No **The Town will transport when necessary.**
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. **See attached map with directions.**



3474 Atlantic Ln
Waverly, VA 23890-3726

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Leave Jack Zehmer Lane turn left on Factory St turn right on McKenney Highway to Rt 460 Left to 602 Atlantic Ln.

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

N/A

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:
The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).
Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.
   a. Site name or number:
   b. Site location (Complete i and ii)
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.
   a. Are you the owner of this land application site? ___Yes ___No
   b. If no, provide the following information about the owner:
      Name:
      Street or P.O. Box:
      City or Town: _____ State:_____ Zip:
      Phone: ( )

3. Applier Information:
   a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ___Yes ___No
   b. If no, provide the following information for the person who applies the sewage sludge:
      Name:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
      Phone: ( )
   c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:
      Permit Number: Type of Permit:
      _____
      _____

4. Site Type. Identify the type of land application site from among the following:
   ___Agricultural land ___Reclamation site ___Forest
   ___Public contact site ___Other. Describe

5. Vector Attraction Reduction.
   Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
   ____Yes ____No If yes, answer a and b.
   a. Indicate which vector attraction reduction option is met:
      ___ Option 9 (Injection below land surface)
      ___ Option 10 (Incorporation into soil within 6 hours)
   b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ___Yes ___No
If no, sewage sludge subject to the CPLRs may not be applied to this site.
If yes, provide the following information:
Permitting authority:
Contact person:
Phone:( )

b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ___Yes ___No If no, skip the rest of Question 6. If yes, answer questions c - e.

c. Site size, in hectares: _____ (one hectare = 2.471 acres)

d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.
Facility name:
Facility contact:
Title:
Phone: ( )
Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	
Cadmium	_____	
Copper	_____	
Lead	_____	
Mercury	_____	
Nickel	_____	
Selenium	_____	
Zinc	_____	

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)
pH (S. U.)
Percent Solids (%)
Ammonium Nitrogen (mg/kg)
Nitrate Nitrogen (mg/kg)
Total Kjeldahl Nitrogen (mg/kg)
Total Phosphorus (mg/kg)
Total Potassium (mg/kg)
Alkalinity as $CaCO_3$* (mg/kg)

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent $CaCO_3$.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
   1) Water wells, abandoned or operating
   2) Surface waters
   3) Springs
   4) Public water supply(s)
   5) Sinkholes
   6) Underground and/or surface mines
   7) Mine pool (or other) surface water discharge points
   8) Mining spoil piles and mine dumps
   9) Quarry(s)
   10) Sand and gravel pits
   11) Gas and oil wells
   l2) Diversion ditch(s)
   13) Agricultural drainage ditch(s)
   14) Occupied dwellings, including industrial and commercial establishments
   15) Landfills or dumps
   16) Other unlined impoundments
   17) Septic tanks and drainfields
   18) Injection wells
   19) Rock outcrops

b. A topographic map of sufficient detail to clearly show the following information:
   1) Maximum and minimum percent slopes
   2) Depressions on the site that may collect water
   3) Drainageways that may attribute to rainfall run-on to or runoff from this site
   4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

c. Data and specifications for the storage facility lining material.

d. Plan and cross-sectional views of the storage facility.

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water Monitoring.

Are any ground water monitoring data available for this land application site? ___Yes ___No

If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

a. Provide a general location map for each county which clearly indicates the location of all the land application sites.

b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.

c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service
Virginia Field Office
P. O. Box 480
White Marsh, VA 23183
TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

1) Soil symbol
2) Soil series, textural phase and slope range
3) Depth to seasonal high water table
4) Depth to bedrock
5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

1). Soil symbol
2). Soil series, textural phase and slope range
3). Depth to seasonal high water table
4). Depth to bedrock
5). Estimated soil productivity group (for the proposed crop rotation)

f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)
Soil pH (std. units)
Cation Exchange Capacity (meq/100g)
Total Nitrogen (ppm)
Organic Nitrogen (ppm)
Ammonia Nitrogen (ppm)
Nitrate Nitrogen (ppm)
Available Phosphorus (ppm)
Exchangeable Potassium (mg/100g)
Exchangeable Sodium (mg/100g)
Exchangeable Calcium (mg/100g)
Exchangeable Magnesium (mg/100g)
Arsenic (ppm)
Cadmium (ppm)
Copper (ppm)
Lead (ppm)
Mercury (ppm)
Molybdenum (ppm)
Nickel (ppm)
Selenium (ppm)
Zinc (ppm)
Manganese (ppm)
Particle Size Analysis or
USDA Textural Estimate (%)

g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.

h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

FACILITY NAME: McKenney STP **VPDES PERMIT NUMBER: VA0060402**

N/A SEWAGE SLUDGE APPLICATION AGREEMENT

This sewage sludge application agreement is made on this date _____ between _____, referred to here as "landowner", and _____, referred to here as the "Permittee".

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as _____ ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number _____ which is held by the Permittee.

Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction:

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge;

2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil;

3. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil;

4. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge;

5. Animals shall not be grazed on the land for 30 days after application of sewage sludge;

6. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board;

7. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge;

8. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.

9. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:	Permittee:
_____	_____
Signature	Signature
_____	_____
Mailing Address	Mailing Address

SECTION D. SURFACE DISPOSAL

N/A

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.
   a. Unit name or number:
   b. Unit location
      i. Street or Route#:
      County:
      City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
      Method of latitude/longitude determination
      _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
   d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____dry metric tons.
   e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.
   f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7}cm/sec? ___Yes ___No If yes, describe the liner or attach a description.

   g. Does the active sewage sludge unit have a leachate collection system? ___Yes ___No
   If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

   h. If you answered no to either f or g, answer the following:
   Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ___Yes ___No If yes, provide the actual distance in meters:
   i. Remaining capacity of active sewage sludge unit, in dry metric tons:_____ dry metric tons
   Anticipated closure date for active sewage sludge unit, if known:_____ (MM/DD/YYYY)
   Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.
   Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ___Yes ___No
   If yes, provide the following information for each such facility, attach additional sheets as necessary.
   a. Facility name:
   b. Facility contact:
   Title:
   Phone: ( )
   c. Mailing address.
   Street or P.O. Box:
   City or Town:_____ State:_____ Zip:
   d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
   Permit Number: Type of Permit:
   _____
   _____
   e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
   ___Class A ___Class B ___Neither or unknown
   f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown

h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:

3. Vector Attraction Reduction.

a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
___ Option 9 (Injection below land surface)
___ Option 10 (Incorporation into soil within 6 hours)
___ Option 11 (Covering active sewage sludge unit daily)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

4. Ground Water Monitoring.

a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ___Yes ___No
If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
___Yes ___No If yes, submit a copy of the ground water monitoring program with this application.

c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ___Yes ___No
If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
___Yes ___No If yes, submit information to support the request for site-specific pollutant limits with this application.

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY[3]
DISSOLVED METALS						
7440-36-0	Antimony	(4)	(4)	<0.005	G	1/5 YR
7440-38-2	Arsenic	(4)	(4)	<0.005	G	1/5 YR
7440-43-9	Cadmium	(4)	(4)	<0.005	G	1/5 YR
16065-83-1	Chromium III [9]	(4)	(4)	<0.003	G	1/5 YR
18540-29-9	Chromium VI [9]	(4)	(4)	<0.003	G	1/5 YR
7440-50-8	Copper	(4)	(4)	0.007	G	1/5 YR
7439-92-1	Lead	(4)	(4)	<0.005	G	1/5 YR
7439-97-6	Mercury	(4)	(4)	<0.0002	G	1/5 YR
7440-02-0	Nickel	(4)	(4)	<0.005	G	1/5 YR
7782-49-2	Selenium	(4)	(4)	<0.005	G	1/5 YR
7440-22-4	Silver	(4)	(4)	<0.001	G	1/5 YR
7440-28-0	Thallium	(5)	(6)	<0.005	G	1/5 YR
7440-66-6	Zinc	(4)	(4)	0.025	G	1/5 YR
PESTICIDES/PCB'S						
309-00-2	Aldrin	608	0.05	<0.05	G or C	1/5 YR
57-74-9	Chlordane	608	0.2	<0.2	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	622	(6)	<0.2	G or C	1/5 YR
72-54-8	DDD	608	0.1	<0.05	G or C	1/5 YR
72-55-9	DDE	608	0.1	<0.05	G or C	1/5 YR
50-29-3	DDT	608	0.1	<0.05	G or C	1/5 YR
8065-48-3	Demeton	(5)	(6)	<1	G or C	1/5 YR
60-57-1	Dieldrin	608	0.1	<0.05	G or C	1/5 YR
959-98-8	Alpha-Endosulfan	608	0.1	<0.05	G or C	1/5 YR
33213-65-9	Beta-Endosulfan	608	0.1	<0.05	G or C	1/5 YR
1031-07-8	Endosulfan Sulfate	608	0.1	<0.05	G or C	1/5 YR
72-20-8	Endrin	608	0.1	<0.05	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	(5)	(6)	<0.05	G or C	1/5 YR
86-50-0	Guthion	622	(6)	<1	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY[3]
76-44-8	Heptachlor	608	0.05	<0.05	G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	(5)	(6)	<0.05	G or C	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	(6)	<0.05	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608	(6)	<0.05	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	(6)	<0.05	G or C	1/5 YR
143-50-0	Kepone	(10)	(6)	<5	G or C	1/5 YR
121-75-5	Malathion	(5)	(6)	<1	G or C	1/5 YR
72-43-5	Methoxychlor	(5)	(6)	<0.05	G or C	1/5 YR
2385-85-5	Mirex	(5)	(6)	<0.05	G or C	1/5 YR
56-38-2	Parathion	(5)	(6)	<1	G or C	1/5 YR
11096-82-5	PCB 1260	608	1.0	<0.2	G or C	1/5 YR
11097-69-1	PCB 1254	608	1.0	<0.2	G or C	1/5 YR
12672-29-6	PCB 1248	608	1.0	<0.5	G or C	1/5 YR
53469-21-9	PCB 1242	608	1.0	<0.5	G or C	1/5 YR
11141-16-5	PCB 1232	608	1.0	<0.5	G or C	1/5 YR
11104-28-2	PCB 1221	608	1.0	<0.5	G or C	1/5 YR
12674-11-2	PCB 1016	608	1.0	<0.5	G or C	1/5 YR
1336-36-3	PCB Total	608	7.0	<0.5	G or C	1/5 YR
8001-35-2	Toxaphene	608	5.0	<0.5	G or C	1/5 YR
	BASE NEUTRAL EXTRACTABLES					
83-32-9	Acenaphthene	625	10.0	<5	G or C	1/5 YR
120-12-7	Anthracene	625	10.0	<5	G or C	1/5 YR
92-87-5	Benzidine	(5)	(6)	<5	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	625	10.0	<5	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	625	10.0	<5	G or C	1/5 YR
207-08-9	Benzo (k) fluoranthene	625	10.0	<5	G or C	1/5 YR
50-32-8	Benzo (a) pyrene	625	10.0	<5	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	(5)	(6)	<5	G or C	1/5 YR
39638-32-9	Bis 2-Chloroisopropyl Ether	(5)	(6)	<5	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	<5	G or C	1/5 YR
91-58-7	2-Chloronaphthalene	(5)	(6)	<5	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY[3]
218-01-9	Chrysene	625	10.0	<5	G or C	1/5 YR
53-70-3	Dibenz(a,h)anthracene	625	20.0	<5	G or C	1/5 YR
84-74-2	Dibutyl phthalate (synonym = Di-n-Butyl Phthalate)	625	10.0	<5	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	625	10.0	<5	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	625	10.0	<5	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	625	10.0	<5	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	(5)	(6)	<5	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	<5	G or C	1/5 YR
117-81-7	Di-2-Ethylhexyl Phthalate	625	10.0	<5	G or C	1/5 YR
131-11-3	Dimethyl phthalate	(5)	(6)	<5	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	<5	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	(5)	(6)	<5	G or C	1/5 YR
206-44-0	Fluoranthene	625	10.0	<5	G or C	1/5 YR
86-73-7	Fluorene	625	10.0	<5	G or C	1/5 YR
118-74-1	Hexachlorobenzene	(5)	(6)	<5	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	(5)	(6)	<5	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	(5)	(6)	<5	G or C	1/5 YR
67-72-1	Hexachloroethane	(5)	(6)	<5	G or C	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	625	20.0	<5	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	<5	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	<5	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	(5)	(6)	<5	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	(5)	(6)	<5	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	(5)	(6)	<5	G or C	1/5 YR
129-00-0	Pyrene	625	10.0	<5	G or C	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	<5	G or C	1/5 YR
	VOLATILES					
107-02-8	Acrolein	(5)	(6)	<50	G	1/5 YR
107-13-1	Acrylonitrile	(5)	(6)	<50	G	1/5 YR
71-43-2	Benzene	624	10.0	<5	G	1/5 YR
75-25-2	Bromoform	624	10.0	<5	G	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY[3]
56-23-5	Carbon Tetrachloride	624	10.0	<5	G	1/5 YR
108-90-7	Chlorobenzene (synonym = monochlorobenzene)	624	50.0	<5	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	<5	G	1/5 YR
67-66-3	Chloroform	624	10.0	<5	G	1/5 YR
75-09-2	Dichloromethane (synonym = methylene chloride)	624	20.0	<5	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	<5	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	<5	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	<5	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	(5)	(6)	<5	G	1/5 YR
78-87-5	1,2-Dichloropropane	(5)	(6)	<5	G	1/5 YR
542-75-6	1,3-Dichloropropene	(5)	(6)	<5	G	1/5 YR
100-41-4	Ethylbenzene	624	10.0	<5	G	1/5 YR
74-83-9	Methyl Bromide	(5)	(6)	<10	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	(5)	(6)	<5	G	1/5 YR
127-18-4	Tetrachloroethylene	624	10.0	<5	G	1/5 YR
10-88-3	Toluene	624	10.0	<5	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	(5)	(6)	<5	G	1/5 YR
79-01-6	Trichloroethylene	624	10.0	<5	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	<10	G	1/5 YR
	RADIONUCLIDES					
	Strontium 90 (pCi/L)	(5)	(6)	<0.5	G or C	1/5 YR
	Tritium (pCi/L)	(5)	(6)	<143	G or C	1/5 YR
	Beta Particle & Photon Activity (mrem/yr)	(5)	(6)	6.5	G or C	1/5 YR
	Gross Alpha Particle Activity (pCi/L)	(5)	(6)	1.5	G or C	1/5 YR
	ACID EXTRACTABLES					
95-57-8	2-Chlorophenol	625	10.0	<5	G or C	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	<5	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	<5	G or C	1/5 YR
51-28-5	2,4-Dinitrophenol	(5)	(6)	<20	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	(5)	(6)	<5	G or C	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	<10	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY[3]
108-95-2	Phenol[7]	625	10.0	<5	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	<5	G or C	1/5 YR
MISCELLANEOUS						
	Ammonia as NH3-N	350.1	200	0.46	C	1/5 YR
16887-00-6	Chlorides	(5)	(6)	44	C	1/5 YR
7782-50-5	Chlorine, Total Residual	(5)	100	1.6	G	1/5 YR
57-12-5	Cyanide, Total	335.2	10.0	<0.005	G	1/5 YR
N/A	*E. coli* / *Enterococcus* (N/CML)	(5)	(6)	115	G	1/5 YR
7783-06-4	Hydrogen Sulfide	(5)	(6)	<0.17	C	1/5 YR
60-10-5	Tributyltin [8]	NBSR 85-3295	(6)	<0.025	G or C	1/5 YR

Charles T. Mansfield, Mayor

Name of Principal Exec. Officer or Authorized Agent/Title

C. T. Mansfield 10/28/2008

Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

(2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = A 4-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period. For composite metals samples, the individual sample aliquots shall either be filtered and preserved immediately upon collection, prior to compositing, or the composited sample shall be filtered and preserved immediately after compositing.

(3) Frequency: 1/5 YR = once after the start of the third year from the permit's effective date but 180 days prior to permit expiration.

(4) A specific analytical method is not specified. An appropriate method shall be selected from the following list of EPA methods (or any approved method presented in 40 CFR Part 136). If the test result is less than the method QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

Metal	Analytical Method
Antimony	200.7; 200.8; 200.9; 1639; 1638
Arsenic	200.7; 200.8; 200.9; 1632
Cadmium	200.7; 200.8; 200.9; 1638; 1639; 1637; 1640
Chromium[(9)]	200.7; 200.8; 200.9; 1639
Chromium VI	218.6; 1636
Copper	200.7; 200.8; 200.9; 1638; 1640
Lead	200.7; 200.8; 200.9; 1638; 1637; 1640
Mercury	200.7; 200.8; 245.1; 245.2; 245.7; 1631E; 1631
Nickel	200.7; 200.8; 200.9; 1639; 1638; 1640
Selenium	200.7; 200.8; 200.9; 1638; 1639
Silver	200.7; 200.8; 200.9; 1638
Zinc	200.7; 200.8; 1638; 1639; 289.2

(5) Any approved method presented in 40 CFR Part 136.

(6) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.

(7) Testing for phenol requires continuous extraction.

(8) Analytical Methods: NBSR 85-3295 or DEQ's approved analysis for Tributyltin may also be used [See A Manual for the Analysis of Butyltins in Environmental Systems by the Virginia Institute of Marine Science, dated November 1996].

(9) Both Chromium III and Chromium VI may be measured by the total chromium analysis. If the result of the total chromium analysis is less than or equal to the lesser of the Chromium III or Chromium VI method QL, the results for both Chromium III and Chromium VI can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(10) The lab may use SW846 Method 8270C provided the lab has an Initial Demonstration of Capability, has passed a PT for Kepone, and meets the acceptance criteria for Kepone as given in Method 8270C.

CLIENT: B & B Consultants
ATTN: Denise Longo
ADDRESS: P. O. Box 101
Chase City, VA 23924-0101
PHONE: (434) 372-3393
FAX: (434) 372-0709

Special Notes:
RE: MCKENNEY PERMIT RENEWAL

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION DATE/TIME:
9/9/08@1215

COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: UPS
SAMPLE RECEIPT:
Date: 9/10/08 Time: 1005
NUMBER OF CONTAINERS: 21
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: OUTFALL 004 EFF
SAMPLE NO: 08-16545

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Volatiles							
Bromomethane	624	10	< 10	ug/L	TAG	9/20/08	0025
Vinyl Chloride	624	10	< 10	ug/L	TAG	9/20/08	0025
Methylene Chloride/Dichloromethane	624	5	< 5	ug/L	TAG	9/20/08	0025
1,1-Dichloroethene	624	5	< 5	ug/L	TAG	9/20/08	0025
trans-1,2-Dichloroethene	624	5	< 5	ug/L	TAG	9/20/08	0025
Chloroform	624	5	< 5	ug/L	TAG	9/20/08	0025
1,2-Dichloroethane	624	5	< 5	ug/L	TAG	9/20/08	0025
Carbon Tetrachloride	624	5	< 5	ug/L	TAG	9/20/08	0025
Bromodichloromethane	624	5	< 5	ug/L	TAG	9/20/08	0025
1,1,2,2-Tetrachloroethane	624	5	< 5	ug/L	TAG	9/20/08	0025
1,2-Dichloropropane	624	5	< 5	ug/L	TAG	9/20/08	0025
Trichloroethene	624	5	< 5	ug/L	TAG	9/20/08	0025
Dibromochloromethane	624	5	< 5	ug/L	TAG	9/20/08	0025
1,1,2-Trichloroethane	624	5	< 5	ug/L	TAG	9/20/08	0025
Benzene	624	5	< 5	ug/L	TAG	9/20/08	0025
Bromoform	624	5	< 5	ug/L	TAG	9/20/08	0025
Tetrachloroethene	624	5	< 5	ug/L	TAG	9/20/08	0025
Toluene	624	5	< 5	ug/L	TAG	9/20/08	0025
Chlorobenzene/Monochlorobenzene	624	5	< 5	ug/L	TAG	9/20/08	0025
Ethylbenzene	624	5	< 5	ug/L	TAG	9/20/08	0025
Acrolein	624	50	< 50	ug/L	TAG	9/20/08	0025
Acrylonitrile	624	50	< 50	ug/L	TAG	9/20/08	0025
1,3-Dichloropropene(cis & trans)	624	5	< 5	ug/L	TAG	9/20/08	0025
1,2-Dichlorobenzene	624	5	< 5	ug/L	TAG	9/20/08	0025
1,3-Dichlorobenzene	624	5	< 5	ug/L	TAG	9/20/08	0025
1,4-Dichlorobenzene	624	5	< 5	ug/L	TAG	9/20/08	0025
Semi-Volatiles							
Hexachloroethane	625	5	< 5	ug/L	CLH	9/15/08	2101
1,2,4-Trichlorobenzene	625	5	< 5	ug/L	CLH	9/15/08	2101
Hexachlorobutadiene	625	5	< 5	ug/L	CLH	9/15/08	2101
Hexachlorocyclopentadiene	625	5	< 5	ug/L	CLH	9/15/08	2101

SAMPLE ID: OUTFALL 004 EFF
SAMPLE NO: 08-16545

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Semi-Volatiles							
2-Chloronaphthalene	625	5	< 5	ug/L	CLH	9/15/08	2101
Hexachlorobenzene	625	5	< 5	ug/L	CLH	9/15/08	2101
N-Nitrosodimethylamine	625	5	< 5	ug/L	CLH	9/15/08	2101
Bis(2-chloroethyl) ether	625	5	< 5	ug/L	CLH	9/15/08	2101
Bis(2-chloroisopropyl) ether	625	5	< 5	ug/L	CLH	9/15/08	2101
N-Nitroso-di-n-propylamine	625	5	< 5	ug/L	CLH	9/15/08	2101
Nitrobenzene	625	5	< 5	ug/L	CLH	9/15/08	2101
Isophorone	625	5	< 5	ug/L	CLH	9/15/08	2101
Dimethyl phthalate	625	5	< 5	ug/L	CLH	9/15/08	2101
Acenaphthene	625	5	< 5	ug/L	CLH	9/15/08	2101
2,4-Dinitrotoluene	625	5	< 5	ug/L	CLH	9/15/08	2101
Fluorene	625	5	< 5	ug/L	CLH	9/15/08	2101
Diethyl phthalate	625	5	< 5	ug/L	CLH	9/15/08	2101
1,2,-Diphenylhydrazine	625	5	< 5	ug/L	CLH	9/15/08	2101
N-nitroso-di-phenylamine	625	5	< 5	ug/L	CLH	9/15/08	2101
Anthracene	625	5	< 5	ug/L	CLH	9/15/08	2101
di-n-Butyl phthalate	625	5	< 5	ug/L	CLH	9/15/08	2101
Fluoranthene	625	5	< 5	ug/L	CLH	9/15/08	2101
Pyrene	625	5	< 5	ug/L	CLH	9/15/08	2101
Benzidine	625	5	< 5	ug/L	CLH	9/15/08	2101
Butyl benzyl phthalate	625	5	< 5	ug/L	CLH	9/15/08	2101
Benzo[a]Anthracene	625	5	< 5	ug/L	CLH	9/15/08	2101
Chrysene	625	5	< 5	ug/L	CLH	9/15/08	2101
3,3-Dichlorobenzidine	625	5	< 5	ug/L	CLH	9/15/08	2101
Bis(2-ethylhexyl) phthalate	625	5	< 5	ug/L	CLH	9/15/08	2101
Benzo[b]Fluoranthene	625	5	< 5	ug/L	CLH	9/15/08	2101
Benzo[k]Fluoranthene	625	5	< 5	ug/L	CLH	9/15/08	2101
Benzo[a]Pyrene	625	5	< 5	ug/L	CLH	9/15/08	2101
Indeno[1,2,3-c,d]Pyrene	625	5	< 5	ug/L	CLH	9/15/08	2101
Dibenz[a,h]Anthracene	625	5	< 5	ug/L	CLH	9/15/08	2101
2-Chlorophenol	625	5	< 5	ug/L	CLH	9/15/08	2101
Phenol	625	5	< 5	ug/L	CLH	9/15/08	2101
2,4-Dimethylphenol	625	5	< 5	ug/L	CLH	9/15/08	2101
2,4-Dichlorophenol	625	5	< 5	ug/L	CLH	9/15/08	2101
2,4,6-Trichlorophenol	625	5	< 5	ug/L	CLH	9/15/08	2101
2,4-Dinitrophenol	625	20	< 20	ug/L	CLH	9/15/08	2101
4,6 Dinitro-o-cresol	625	5	< 5	ug/L	CLH	9/15/08	2101
Pentachlorophenol	625	10	< 10	ug/L	CLH	9/15/08	2101
Organophosphorous Pesticides							
Demeton	622	1	< 1	ug/L	DLL	9/24/08	0015
Malathion	622	1	< 1	ug/L	DLL	9/24/08	0015
Chlorpyrifos	622	0.2	< 0.2	ug/L	DLL	9/24/08	0015
Parathion	622	1	< 1	ug/L	DLL	9/24/08	0015
Guthion	622	1	< 1	ug/L	DLL	9/24/08	0015
Chlorinated Pesticides and PCBs							
Aldrin	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Dieldrin	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Chlordane	608	0.2	< 0.2	ug/L	DLL	9/12/08	0320

SAMPLE ID: OUTFALL 004 EFF
SAMPLE NO: 08-16545

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Chlorinated Pesticides and PCBs							
4,4-DDT	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
4,4-DDE	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
4,4-DDD	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Endosulfan I	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Endosulfan II	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Endosulfan sulfate	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Endrin	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Endrin aldehyde	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Heptachlor	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Heptachlor epoxide	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
BHC-Alpha	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
BHC-Beta	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
BHC-Gamma (Lindane)	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Methoxychlor	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Mirex (Modified)	608	0.05	< 0.05	ug/L	DLL	9/12/08	0320
Toxaphene	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1016	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1221	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1232	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1242	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1248	608	0.5	< 0.5	ug/L	DLL	9/12/08	0320
Arochlor 1254	608	0.2	< 0.2	ug/L	DLL	9/12/08	0320
Arochlor 1260	608	0.2	< 0.2	ug/L	DLL	9/12/08	0320
Dissolved Antimony	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Arsenic	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Cadmium	200.7	0.0005	< 0.0005	mg/L	EFA	9/18/08	1659
Dissolved Chromium III	200.7	0.003	< 0.003	mg/L	EFA	9/18/08	1659
Dissolved Copper	200.7	0.005	0.007	mg/L	EFA	9/18/08	1659
Dissolved Lead	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Mercury	245.1	0.0002	< 0.0002	mg/L	TLG	9/17/08	1430
Dissolved Nickel	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Selenium	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Silver	200.7	0.001	< 0.001	mg/L	EFA	9/18/08	1659
Dissolved Thallium	200.7	0.005	< 0.005	mg/L	EFA	9/18/08	1659
Dissolved Zinc	200.7	0.005	0.025	mg/L	EFA	9/18/08	1659
Kepone	8270C	5	< 5	ug/L	CLH	9/19/08	2215
Cyanide	335.4	0.005	< 0.005	mg/L	LEF	9/18/08	1529
Dissolved Hexavalent Chromium	*3500Cr B	0.003	< 0.003	mg/L	EFA	9/10/08	1037
Strontium 90	905.0	0.5	<0.5	pCi	JE	9/30/08	0000
Tritium	906.0	143	<143	pCi	JE	10/9/08	0000
Gross Beta	900.0	1.7	6.5	pCi	MJN	9/18/08	0000
Chloride	*4500Cl C	1	44	mg/L	JGM	9/12/08	0854
pH (lab)	*4500H+B		6.26@21oC	s.u.	JGM	9/10/08	1440
Conductivity	*2510B	2	366	umhos/c	JGM	9/10/08	1440
Hydrogen Sulfide	*4500S2H	0.17	< 0.17	mg/L	EFA	9/15/08	0840
Ammonia	*4500NH3D	0.10	0.46	mg/L	JGM	9/10/08	1012
Tributyltin	NBSIR-85-329	0.025	<0.025	ug/L	DAT	9/17/08	0000
Gross Alpha	900.0	1.1	1.5	pCi	MJN	9/18/08	0000

SAMPLE ID: OUTFALL 004 EFF
SAMPLE NO: 08-16545

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Colbalt 60	901.1	4.6	<4.6	pCi	JE	9/23/08	0000
Cesium 134	901.1	4.9	<4.9	pCi	JE	9/23/08	0000
Cesium 137	901.1	4.5	<4.5	pCi	JE	9/23/08	0000

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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[SAMPLE COMMENT]

RE: MCKENNEY PERMIT RENEWAL

RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 16-Oct-08

*SM 20 Ed.
Dissolved metals filtered and preserved by client.
TBT subcontracted to DAT, Inc.
Radiological subcontracted to Florida Radiological.
Total PCBs = <0.5 ug/L
Endosulfan I = Alpha Endosulfan
Endosulfan II = Beta Endosulfan
Bromomethane = Methyl bromide
Bromodichloromethane = Dichlorobromomethane
Dibromochloromethane = Chlorodibromomethane
Bis (2-ethylhexyl) phthalate = Di-2-ethylhexyl phthalate
4,6 Dinitro-o-cresol = 2-Methyl 4,6 Dinitrophenol

B and B CONSULTANTS, INC.
316 EAST THIRD STREET
CHASE CITY, VA 23924
(434) 372-3393

CERTIFICATE OF ANALYSIS

DATE: 9-Oct-08

CLIENT: **TOWN OF MCKENNEY**
CONTACT: **TREASURERS OFFICE**
ADDRESS: **PO BOX 309**
MCKENNEY, VA 23872

PERMIT TESTING

OUTFALL 001

SAMPLE LOCATION:	EFFLUENT	DATE TIME OF ANALYSIS		DATE TIME OF ANALYSIS		
SAMPLE DATE:	9/9/08					
SAMPLE TIME :	12:41					
SAMPLE TYPE:	GB COM		GB COM			
COLLECTED BY:	A ALEXANDER				ANALYST INITIAL	
SAMPLE ID #	8-2493					METHOD
PARAMETER						
E. COLI	115	9/9/08 15:00			A.A.	HACH 10029
pH	6.77	9/9/08 12:45			A.A.	SM18 4500HB

SAMPLE LOCATION:		DATE TIME OF ANALYSIS		DATE TIME OF ANALYSIS		
SAMPLE DATE:						
SAMPLE TIME :						
SAMPLE TYPE:	GB COM		GB COM			
COLLECTED BY:					ANALYST INITIAL	
SAMPLE ID #						METHOD
PARAMETER						

*AMMONIA GRAB SAMPLE @ 07:30
Values above in mg/L except pH
pH=S.U.
COLIFORM=C/100mL
TIME = 24 Hour

REVIEWED BY: Denise Longo

SAMPLE CONDITION
(X) GOOD
( ) OTHER (SEE C-O-C)